

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		<i>04/11/01</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>5-4-01</i>
FORMALITY REVIEW	<i>AM</i>	<i>917</i>	<i>05-11-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	4	✓	2-7-02
2	2	✓	2-7-02
3	3	✓	2-7-02
4	4	✓	2-7-02
5	5	✓	2-7-02
6	6	✓	2-7-02
7	7	✓	2-7-02
8	8	✓	2-7-02
9	9	✓	2-7-02
10	10	✓	2-7-02
11	11	✓	2-7-02
12	12	✓	2-7-02
13	13	✓	2-7-02
14	14	✓	2-7-02
15	15	✓	2-7-02
16	16	✓	2-7-02
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18	18	✓	2-7-02
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25	25	✓	2-7-02
26	26	✓	2-7-02
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29	29	✓	2-7-02
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31	31	✓	2-7-02
32	32	✓	2-7-02
33	33	✓	2-7-02
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35	35	✓	2-7-02
36	36	✓	2-7-02
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Claim	Final	Original	Date
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*22 5/11*  
*2-6-17*  
*8-1-01*

If more than 150 claims or 10 actions  
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